PTO/SB/08b (06-03)
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Substitute for form 1449/PTO	COMPLETE IF KNOWN	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) *(Use as many sheets as necessary)*	Application Number	~~Unknown~~ 10 782 690
	Filing Date	Herewith
	First Named Inventor	Thomas K. Milo
	Art Unit	Unknown
	Examiner Name	Unknown
Sheet 1 of 1	Attorney Docket No.	TKMZ 2 00008

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